

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

=62-026713

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 128

Primary Registration District No. 2000

Registrar's No. 1155

FILED AUG 6 1962

1. PLACE OF DEATH

a. COUNTY

GREENE

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR
TOWN

SPRINGFIELD

Length of stay in 1b

YEARS

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR
INSTITUTION

310 W. COURT

Inside Limits

Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

MISSOURI

b. COUNTY

GREENE

c. CITY

OR

TOWN

SPRINGFIELD

Inside Limits

Yes ☒ No ☐d. STREET
ADDRESS

(If outside, give location)

310 W. COURT

Reside on Farm

Yes ☐ No ☒3. NAME OF DECEASED
(Type or print)

First

Middle

Last

JOHN

LEE

HARMON

4. DATE
OF
DEATH

Month

Day

Year

JULY 26, 1962

5. SEX

MALE

6. COLOR OR RACE

WHITE

7. Married ☒ Never Married ☐Widowed ☐ Divorced ☐

8. DATE OF BIRTH

2/2/77

9. AGE (last birthday)

85

IF UNDER 1 YEAR

Months Days

IF UNDER 24 HR

Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

RETIRED GROCER

10b. KIND OF BUSINESS OR INDUSTRY

GROCERY

11. BIRTHPLACE (City and state or country)

CARTHAGE, MO.

12. CITIZEN OF WHAT COUNTRY

USA

13a. FATHER'S NAME

GEORGE HARMON

13b. MOTHER'S MAIDEN NAME

ALICE CLARK

14. NAME OF HUSBAND OR WIFE

LENA HARMON

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)

NO

16. SOCIAL SECURITY NO.

17. INFORMANT

Address

MRS. LENA HARMON; Springfield, Mo
310 W. COURT18. CAUSE OF DEATH (Enter only one cause per line)
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Acute myocardial infarction

5 min

Conditions, if any,
which gave rise to
above cause (a),
stating the under-
lying cause last.

DUE TO (b)

Arteriosclerotic heart disease

3-4 yrs

DUE TO (c)

Cerebral vascular thrombosis

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes☐ No☐ Unknown19. WAS AUTOPSY
PERFORMED?
YES ☐ NO ☒20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF
INJURYHour
a.m.
p.m.

Month, Day, Year

20d. INJURY OCCURRED
WHILE AT WORK ☐
NOT WHILE AT WORK ☐20e. PLACE OF INJURY (e.g., in or about home,
farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from July 1952, to July 26, '62 and last saw him alive on July 26, 1962

Death occurred at 9:15 A. m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

Paul C. Morton, M.D.

22b. ADDRESS

SPRINGFIELD, MISSOURI

22c. DATE SIGNED

7-30-62

23a. BURIAL, CREMATION,
REMOVAL (Specify)

BURIAL

23b. DATE

7/30/62

23c. NAME OF CEMETERY OR CREMATORY

EVERGREEN CEMETERY

23d. LOCATION (City, town, or county)

FAYETTEVILLE, ARKANSAS

24. FUNERAL DIRECTOR

ADDRESS

AYRE-GOODWIN

SPRINGFIELD, MO.

25. DATE RECD. BY LOCAL REG.

7-30-62

26. REGISTRAR'S SIGNATURE

Effie E. Melton

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DATE AMENDED

DOCUMENT

BY AFFIDAVIT OF

MEDICAL CERTIFICATION

AUG 9 1962

Printed name 7-27-62

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____ Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed _____

Licensed Embalmer No. 5156

P. O. Address Springfield, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.